EQUALITY CALIFORNIA



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FCC Secretariat 445 12th Street, SW Room TW-A325 Washington, DC 20554

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REF: WIRELINE COMPETITION BUREAU INVITES COMMENTS ON IMPLEMENTATION OF THE NATIONAL SUICIDE HOTLINE IMPROVEMENT ACT OF 2018 WC Docket No. 18-336 CC Docket No. 92-105

On behalf of our 800,000 members and their families, Equality California writes to express our strong support for the Implementation of the National Suicide Hotline Improvement Act.

Equality California is the nation's largest statewide lesbian, gay, bisexual, transgender and queer (LGBTQ) civil rights organization and is dedicated to creating a fair and just society. We work within California, at the Federal level, and directly with other states to win and protect full equality for LGBTQ people through education, electoral, advocacy and mobilization programs to achieve our mission.

The provision of specialized services for LQBTQ suicide prevention services by diverting calls to trained counselors -- like those from The Trevor Project, the nation's largest organization providing suicide prevention services to LGBTQ youth -- is critical, and Equality California strongly support the comments submitted by The Trevor Project.

The National Suicide Hotline Improvement Act tasks the FCC with studying the feasibility of establishing an N11 code for the NSPL, which we believe will help increase access to this life-saving resource. In addition, FCC can include recommendations for improving the Lifeline generally, which could include "improved infrastructure and operations" [3[a][2][B][ii][II]] as well as provide input on how a N11 dialing code could affect suicide prevention. 3[a][2][B][i].

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3701 Wilshire Blvd Suite 725 Los Angeles, CA 90010 When compiling its final recommendations, Equality California urges FCC to include a need for specialized suicide prevention services for LGBTQ youth. The need for such services is clearly demonstrated by these grim statistics compiled by The Trevor Project:

- Suicide is the 2nd leading cause of death among young people ages 10 to 24.¹
- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.²
- LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.²
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.²
- Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.²
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.3
- LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.⁴
- 1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year.
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.⁶

Despite a growing awareness surrounding suicide, however, the Center for Disease Control reported last year that the national suicide rate rose 24% between 1999 and 2016. This is acutely worrisome for the LGBTQ community because lesbian, gay, and bisexual youth seriously contemplate suicide at almost three times the rate of heterosexual youth, while 37% of transgender adults reported making a suicide attempt prior to the age of 25.

As the NSPL would see its call volume increase rapidly with the introduction of an N11 number, we recommend that organizations like The Trevor Project could train counselors in local centers so that LGBTQ youth can receive the specialized care that's needed in times of crisis. In addition, we suggest that FCC recommend that NSPL can divert calls to hubs of excellence, like The

Trevor Project, who have the resources and expertise to address the needs of this population. Currently, NSPL is able to divert veteran populations to receive more specialized care, and we believe it is critically important to do the same for LBGTQ youth.

The National Suicide Hotline Improvement Act creates an important opportunity to significantly reduce the suicide rate in the United States, and we thank the FCC for their commitment to address this important issue.

Sincerely,

Valerie Ploumpis National Policy Director

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[1] CDC, NCIPC. Web-based Injury Statistics Query and Reporting System [WISQARS] [online]. [2010] {2013 Aug. 1}. Available from:www.cdc.gov/ncipc/wisqars.

[2] CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.

[3] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

[4] Family Acceptance Project™. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics. 123(1), 346-52.

[5] CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.

[6] IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.